



Town of Youngtown

Letter of Agency (Trespass Arrest Authorization) Form

Business/Property Located at:

Owner Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Home Phone:

()

Business Number:

Parcel Number:

Start Date:

Expiration Date:

Property Information

Recently I have experienced problems at my property (Select all that apply).

- | | | |
|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Urinating | <input type="checkbox"/> Littering | <input type="checkbox"/> Illegal Lodging |
| <input type="checkbox"/> Defecation | <input type="checkbox"/> Drinking | <input type="checkbox"/> Other _____ |

This activity affects me in the following way:

- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Business |
| <input type="checkbox"/> Private Home | <input type="checkbox"/> Vacant Lot |

I authorize Maricopa County Sheriff Office (MCSO) to act as my agent for enforcing all laws against any person found on the property without my consent or without lawful purpose.

I certify that the property listed above is (Select applicable section):

- ☐ Closed to the public
- ☐ Open to the public between the hours of _____ and _____
- ☐ Other _____
- ☐ Closed to the public and posted NO
- ☐ Trespassing Sign (ASR 13.1502.A.1)

I authorize MCSO to ask unauthorized persons to leave the property. If they refuse to do so, or return thereafter, I authorize MCSO to act as agent for the purpose of enforcing any law on the property. My agent or I will cooperate in the prosecution of persons for those offenses. I understand this letter is valid for a maximum period of TWELVE MONTHS and is my responsibility to review the letter at that time if the need exists.

Emergency Contact (Not Owner or Owner Agent) _____

Home Phone _____ Cell Phone _____ Other Phone _____

Signature/Print _____ / _____ Date _____